

Evaluation Form

Name of Event:

Date:

Venue:

Event Description :

Speakers and Topics

Topic 1 – Speaker 1:

Topic 2 – Speaker 2:

Topic 3 – Speaker 3:

Please choose one: Strongly Disagree – 1 Disagree – 2 Neutral – 3 Agree – 4 Strongly Agree – 5 N/A – Not Applicable

The Program

	1	2	3	4	5	N/A
The program was relevant to me						
The program met my expectations						
I was able to interact with other participants						
The program was well-organized						
There was adequate time for discussion						
I learned something from this meeting						
I gained a greater understanding of the topic						
I was satisfied with the meal and refreshments						
Overall how satisfied were you with the event?						

The Speakers

Information was presented clearly:

	1	2	3	4	5	N/A
Speaker 1						
Speaker 2						
Speaker 3						

Evaluation Form

What was your main reason for attending this event ?

What was the topic that was most relevant to you?

What was the topic that was least relevant to you?

Would you like another learning session on this topic ? Yes No

If “yes”, what speaker and/or topics would you like to see covered?

What other topics would you like to discuss at future meetings?

Name. (optional)

Thank you for your feedback